

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

| | | |
|--|--|--|
| 1. (a) Name of Individual, Organization or Corporation VOTEVETS.ORG ACTION FUND | | |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2201 WISCONSIN AVE NW #320 | | |
| (c) City, State and ZIP Code WASHINGTON DC 20007 | | 3. FEC Identification Number <div> <div>C</div> <div>C90010620</div> </div> |
| 2. | Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Individual filers only Name of Employer | Occupation |

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year-End Report

☒ 24-Hour Report

☐ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

11 / 01 / 2012
THROUGH
11 / 01 / 2012

| | |
|---|----------|
| 6. TOTAL CONTRIBUTIONS | 0.00 |
| 7. TOTAL INDEPENDENT EXPENDITURES | 14719.97 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE _____

[Electronically Filed]

Peter Mellman

Peter Mellman

11/02/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 2
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
VOTEVETS.ORG ACTION FUND

| | | | |
|--|-------------|--|--|
| Full Name (Last, First, Middle Initial) of Payee The Strategy Group | | Date MM / DD / YYYY 11 / 01 / 2012 | |
| Mailing Address 1606 20th St. NW | | Amount 14719.97 | |
| City Washington | State DC | Zip Code 20009 | |
| Purpose of Expenditure Mail production and postage (MTP2) | | Category/ Type 004 | Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 62785.21 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |

| | | | |
|--|-------|---|---|
| Full Name (Last, First, Middle Initial) of Payee | | Date MM / DD / YYYY | |
| Mailing Address | | Amount | |
| City | State | Zip Code | |
| Purpose of Expenditure | | Category/ Type | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |

| | | | |
|--|-------|---|---|
| Full Name (Last, First, Middle Initial) of Payee | | Date MM / DD / YYYY | |
| Mailing Address | | Amount | |
| City | State | Zip Code | |
| Purpose of Expenditure | | Category/ Type | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |

| | | | |
|---|--|----------|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 14719.97 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | | | |
| (c) TOTAL Independent Expenditures (carry total from last page forward to Line 7) | | 14719.97 | |